**DO NOT STAPLE IN THIS CORNER!**

**H-ID Number**

**Board of Education of Allegany County-Food & Nutrition Services-P.O. Box 1724-Cumberland, MD 21501-1724**

**HOUSEHOLD MEAL BENEFIT APPLICATION – 2020-2021**

Complete this form. Sign your name and return the form to the school. For help call the school office.

**STEP 1. STUDENT INFORMATION – Check (✓ ) the box if foster child. If all listed children are foster children, skip to STEP 5**

| Student's Name | | Grade | School | Pupil # | Student's Name | | Grade | School | Pupil # |
|---|---|---|---|---|---|---|---|---|---|
| 1. | ❑ | | | | 5. | ❑ | | | |
| 2. | ❑ | | | | 6. | ❑ | | | |
| 3. | ❑ | | | | 7. | ❑ | | | |
| 4. | ❑ | | | | 8. | ❑ | | | |

**STEP 2. Do any House Members (including you) currently participate in one or more of the following assistance programs:** Food Supplement Program (FSP) or Temporary Cash Assistance (TCA)? **(Case number from approval letter or case worker)** ___ ___ ___ ___ ___ ___ ___ ___ ___.
**If completed, skip to STEP 5. Medical Card number does not apply.**

**STEP 3. IF ANY CHILDREN WHO MEET THE DEFINITION OF HOMELESS, MIGRANT, RUNAWAY, HEAD START CHECK THE APPROPRIATE BOX: ❑ HOMELESS ❑ MIGRANT ❑ RUNAWAY ❑ HEAD START**
**AND CALL YOUR SCHOOL, MIGRANT COORDINATOR, HOMELESS LIAISON-Gene Pustolski, PPW (301-876-9216) and skip to STEP 5.**

**STEP 4. HOUSEHOLD MEMBERS & GROSS INCOME – List all Household Members (including yourself) even those who do not receive income. For each Household Member who receives income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, enter '0'. If you enter '0' or leave any fields blank you are certifying (promising) that there is not income to report.**

**How Often=Weekly, Bi-Weekly, Twice a Month, Monthly, Yearly**

| NAMES OF ALL HOUSEHOLD MEMBERS (Include the student(s) named above) | EARNINGS FROM WORK (before deductions) | | ADDITIONAL INCOME Child Support, Alimony, Public Assistance, Social Security, SSI, VA Benefits | | ALL OTHER INCOME Pension, Retirement | |
|---|---|---|---|---|---|---|
| | Income | How Often | Income | How Often | Income | How Often |
| 1. | $ | | $ | | $ | |
| 2. | $ | | $ | | $ | |
| 3. | $ | | $ | | $ | |
| 4. | $ | | $ | | $ | |
| 5. | $ | | $ | | $ | |
| 6. | $ | | $ | | $ | |
| 7. | $ | | $ | | $ | |
| 8. | $ | | $ | | $ | |
| 9. | $ | | $ | | $ | |

**STEP 5. CONTACT INFORMATION AND ADULT SIGNATURE**
**LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER (SSN) OF PRIMARY WAGE EARNER OR OTHER ADULT HOUSEHOLD MEMBER**

*I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that School Officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws. I understand my child's eligibility status may be shared as allowed by law.*

Sign here: _____ Print name:_____ Date: _____
Address: _____ Phone Number _____
City: _____ State: _____ Zip Code: _____Social Security Number: **XXX-XX** - ___ ___ ___ ____ Check if No SSN: ❑

**STEP 6. SHARING INFORMATION WITH OTHER PROGRAMS**

The eligibility status of your children may be used for other authorized purposes, shared with local Title I officials, and used for National Assessment of Educational Progress analyses. Your family may also be eligible to receive benefits under the FSP or the Women, Infants, and Children (WIC) Program. To share your information with these programs, ***we must have your permission.*** Your decision will not change whether your children receive free or reduced price meals. If you want information shared with FSP or WIC, check (✓ ) the YES box below.
You may be contacted about submitting an application for the FSP or WIC.

❑ **Yes,** I want information shared from the Free and Reduced-Price Meal Application with ❑ FSP and/or ❑ WIC

Children eligible for free or reduced-price school meals may also be able to get free or low-cost health insurance through Medicaid or the MD Children's Health Insurance Program (MCHIP). The law allows us to inform Medicaid and MCHIP that your children are eligible for free or reduced price meals, unless you say NO. Your decision will not change whether your children receive free or reduced-price meals.
If you do **NOT** want information shared with Medicaid or the MCHIP, check **(✓ )** ❑ No.

**DO NOT FILL OUT THIS PART - FOR FOOD & NUTRITION SERVICES USE ONLY**

Per: ❑ Week, ❑ Every 2 Weeks, ❑Twice A Month, ❑ Monthly, ❑Year Household size _____ **TOTAL INCOME** _____

**ELIGIBILITY** _____

**DETERMINING OFFICIAL** _____